

Office of Health Care Assurance  
State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Sebastian, Adelina (ARCH)	CHAPTER 100.1
Address: 1630 Leilani Street, Honolulu, Hawaii 96819	Inspection Date: April 17, <del>2017</del> <sup>08 2019</sup> Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 <u>Medications</u> . (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.  <b>FINDINGS</b> During walkthrough of the care home, noted medication Metamucil on top of the table inside licensed bedroom #4, unsecured.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"> <i>Metamucil medication was immediately removed from Resident's room (bedroom #4) and stored it in the designated medicine cabinet that's locked at all times.</i> </p>	<p style="text-align: center;">4/30/19</p> <p style="text-align: center;">19 MAY -7 48:14</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (b) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.  <b>FINDINGS</b> During walkthrough of the care home, noted medication Metamucil on top of the table inside licensed bedroom #4, unsecured.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will ensure that Residents don't keep any OTC medicine in their rooms. I will do my due diligence to inspect Residents' room daily and secure any OTC medicine for proper storage.</p>	<p style="text-align: center;">4/30/19</p> <p style="text-align: center;">19 MAY -7 AB:4</p> <p style="text-align: center;">STATE OF MICHIGAN DON OLIVER STATE LICENSING</p>

Licensee's/Administrator's Signature:

X Adeline P. Sebastian

Print Name:

Adeline P. Sebastian

Date:

4/30/19

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